Service Standards

Juvenile Justice Residential Services

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Definition

Juvenile Justice Residential Services provide long-term placement and treatment services to youth who have been adjudicated delinquent. Rather than focusing on the short-term public safety that may be achieved simply by removing youth from society, JJR promotes long-term public safety by encouraging provision of services and supports that can help youth avoid reoffending behavior and become productive members of society.

Juvenile Justice Detention Services provide short-term placement and minimal services to youth who are awaiting adjudication, disposition, or long-term placement.

JJR can be used to review both secure and non-secure programs (e.g., from programs that lock youth in their rooms, to programs that are perimeter-secure, to programs that are less restrictive).

Note:*The organization's services will be reviewed and matched with the most appropriate Service Standard, regardless of the population served. When an organization operates a program where the service population includes but is not limited to youth involved with the juvenile justice system, it may be more appropriate to complete another Service Standard, such as Group Living Services (GLS) or Residential Treatment Services (RTX).*

Organizations providing only detention services will complete the relevant practice standards within the section and have the option to take NAs where noted. Length of stay in detention can vary considerably, for example, from less than 24 hours to more than 90 days. Accordingly, organizations should strive to limit the amount of time youth are detained without services, as referenced in JJR 3.05.

Note:*Please see JJR Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the JJR Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Juvenile Justice Residential Services

JJR 1: Person-Centered Logic Model

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
Note: *Please see the Logic Model Template for additional guidance on this standard.?*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

* • Program logic model that includes a list of outcomes being measured	
• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

JJR 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Interpretation: *The program logic model should demonstrate a commitment to youth rehabilitation and reintegration, and identify how the services, support, and supervision provided will meet the needs of youth while simultaneously protecting the safety of their families, the community, their peers at the program, and personnel.*

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

JJR 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Juvenile Justice Residential Services

JJR 2: Personnel

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Program personnel have the competency and support needed to provide services and meet the needs of youth.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

• Procedures or other documentation relevant to continuity of care and case assignment	

• List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

- Sample job descriptions from across relevant job categories
- Documentation tracking staff completion of required trainings and/or competencies
- Training curricula
- Caseload size requirements set by policy, regulation, or contract, when applicable
- Documentation of current caseload size per worker

On-Site Activities

- Interviews may include:
  1. Program director
  2. Relevant personnel
- Review personnel files

JJR 2.01

Personnel providing youth care and supervision are qualified by at least:

a. two years of college in a social or human service field; or
b. a high school degree or equivalent and at least two years' experience working with youth.

JJR 2.02

Case managers are qualified by:

a. an advanced degree in a social or human service field; or
b. a bachelor's degree in a social or human service field and experience working with youth.

JJR 2.03

Supervisors are qualified by:

a. an advanced degree in a social or human service field; or
b. a bachelor's degree in a social or human service field and at least two years' experience working with youth.

JJR 2.04

All direct service personnel are trained on, or demonstrate competency in:

a. understanding youth development;

b. assessing risks and safety;
c. recognizing and responding to needs, including needs related to health, mental health, trauma, and substance use;
d. suicide prevention and response;
e. appropriate disciplinary techniques;
f. providing services in a culturally competent manner that considers gender and gender identity, race, ethnicity, sexual orientation, developmental level, disability, and other relevant characteristics;
g. protocols for responding to service recipients who run away;
h. understanding the importance of rehabilitation and reintegration;
i. understanding the definitions of human trafficking (both labor and sex trafficking) and sexual exploitation, and identifying potential victims; and
j. understanding the different organizations, agencies, and systems likely to serve or encounter youth involved with the juvenile justice system.

JJR 2.05 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

JJR 2.06

The organization maintains service continuity by:

a. assigning a worker at intake or early in the contact;
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel; and
c. using a team approach to ensure a comprehensive, integrated approach to service delivery and supervision.

JJR 2.07

Employee workloads support the achievement of youth outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of personnel, including the level of supervision needed;*
2. *case complexity and status, including the intensity of youths' risks and needs;*
3. *the work and time required to accomplish assigned tasks and job responsibilities;*
4. *whether services are provided by multiple professionals or team members; and*
5. *service volume.*

Juvenile Justice Residential Services

JJR 3: Intake and Assessment

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The organization's intake and assessment practices ensure that youth receive prompt and responsive access to appropriate services.

Interpretation: *It is likely that youth will have been screened and assessed elsewhere before arriving at the organization. However, the organization should still take steps to further evaluate youth after referral. At minimum, the organization should review the results of previous screenings and assessments to ensure they meet COA's standards, and conduct additional assessments if those done previously are insufficient.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	

* • Copy of assessment tool(s)	

Site Visit Evidence

* • Evidence of collaboration with the court and/or public agency responsible for juvenile justice	

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Youth served and their families • Review case records	

JJR 3.01 (FP)

To promote safety and support timely initiation of services, the organization:

a. implements prompt, systematic, and responsive screening practices that facilitate the identification of urgent risks and needs related to health, mental health, and safety, including suicidality, substance use, medication needs, and emergency medical conditions;
b. conducts screenings within 24 hours of admission;
c. does not leave youth unsupervised until they have been screened;
d. promptly provides or arranges for specialized assessments when initial screenings reveal urgent risks and needs;
e. determines whether youth are appropriate for the program; and
f. notifies referral sources if youth cannot be served, or cannot be served promptly.

Interpretation: *When the organization discovers urgent risks and needs it is not equipped to address, it should advocate for transfer with the parties responsible for making placement decisions.*

JJR 3.02

Youth participate in an individualized, trauma-informed, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. updated as needed based on youths' risks and needs;
c. focused on information pertinent for meeting service objectives; and
d. supplemented with information provided by the referral source, collaborating providers, and/or family members, when appropriate.

NA: The organization provides only detention services.

Note: *Timeframes for conducting health and mental health assessments are specified in JJR 7.01 and JJR 8.01.*

JJR 3.03

Assessments are conducted in a standardized manner using valid and reliable tools if available, and address risks, needs, and strengths related to:

a. health;
b. mental health;
c. substance use;
d. education;
e. vocation;
f. social skills and behavior; and
g. family functioning and dynamics.

NA: The organization provides only detention services.

Interpretation:*Organizations that do not have the resources to comprehensively assess all youth in all of the listed areas should conduct systematic service need screenings to determine when youth are in need of more in-depth assessments. However, this screening for ongoing service needs should be distinct from the emergent risk screening described in JJR 3.01. Special attention should be paid to any concerns identified in previous screenings and assessments and further evaluation should be conducted if necessary.*

Interpretation:*Personnel that conduct assessments should be aware of the indicators of a potential trafficking victim, including, but not limited to, evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with employer or many people in confined area; unclear family relationships; heightened sense of fear or distrust of authority; presence of older male boyfriend or pimp; loyalty or positive feelings towards an abuser; inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and inability to provide a local address or information about parents. Several tools are available to help identify a potential victim of trafficking and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.*

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

JJR 3.04

The organization collaborates with relevant parties, including the court and the public agency responsible for juvenile justice, to encourage placement of youth into programs that:

a. address their risks and needs in the least restrictive environment necessary; and
b. are close to their families and communities, to the extent possible.

NA: The organization provides only detention services.

Interpretation: *Although an individual organization without statutory authority does not control referral and placement decisions, organizations should take steps to encourage the court and public agency to make appropriate placement decisions, to the extent possible. This will likely occur on a macro-level and address placements and referrals generally, but may also occur in relation to individual cases.*

JJR 3.05

Organizations that provide detention services collaborate with relevant parties, including the court and the public agency responsible for juvenile justice, to:

a. reduce the incidence of unnecessary detention;
b. reduce the length of time youth are detained without services;
c. encourage the placement of youth into the least restrictive environment necessary;
d. encourage placement of youth into programs that are close to their families and communities, to the extent possible;
e. promote a comprehensive, coordinated approach to serving youth; and
f. arrange for the delivery of needed services the organization does not provide, to the extent possible and appropriate.

NA: The organization does not provide detention services.

Interpretation: *Placement into pre-adjudicatory detention should be based on risks related to safety and failure to appear, not needs. Although an individual organization without statutory authority does not control referral and placement decisions, organizations should take steps to encourage the court and public agency to make appropriate decisions, to the extent possible. This will likely occur on a macro-level and address placements and referrals generally, but may also occur in relation to individual cases.*

Juvenile Justice Residential Services

JJR 4: Service Planning and Monitoring

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Each youth participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services, support, and supervision.
NA: The organization provides only detention services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records

JJR 4.01

An assessment-based service plan is developed in a timely manner with the full participation of youth, and their family when possible and appropriate, and includes:

a. goals, desired outcomes, and timeframes for achieving them;
b. treatment, services, and supports to be provided, and by whom;
c. level of supervision needed;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. the signature of the youth and a parent or legal guardian.

JJR 4.02

During service planning the organization explains:

a. how youth and their progress will be monitored;
b. any special terms or conditions, including conditions ordered by the court or the public agency with jurisdiction over the youth;
c. benefits to be gained if the plan is fulfilled; and
d. possible consequences of noncompliance.

JJR 4.03

Working in active partnership with youth, the organization collaborates with relevant organizations, agencies, and parties, as appropriate to the needs of individual youth and the nature of the services provided, to:

a. arrange for the delivery of needed services the organization does not provide;
b. promote a comprehensive, coordinated approach to serving youth;
c. ensure that youth receive appropriate advocacy support;
d. mediate barriers to services within the service delivery system; and
e. identify and develop opportunities for youth to become involved with or contribute to the community, when possible and appropriate.

Examples: *Relevant organizations, agencies, and parties include those involved with youth both during and prior to their placement at the organization, including: other professionals providing services to youth in residential care (e.g., education, health, mental health, or substance use treatment providers); representatives of the public agency responsible for juvenile justice; court and legal personnel; law enforcement; child welfare agencies; organizations and agencies that may have been involved with youth prior to residential care (e.g., education, health, mental health, or substance use treatment providers); and community organizations, including parks and recreation services, libraries, cultural institutions, local businesses, faith-based institutions, and other youth-serving providers.*

JJR 4.04

The worker and a supervisor, or a team of relevant personnel, review the case quarterly, or more frequently depending on youths' risks and needs and their anticipated length of stay, to assess:

a. service plan implementation;
b. progress toward achieving service and treatment goals and desired outcomes; and
c. the continuing appropriateness of chosen interventions as well as service and treatment goals.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

JJR 4.05

The worker and youth, and the youth's family when possible and appropriate:

a. review progress toward achievement of service and treatment goals; and
b. sign revisions to goals and plans.

Juvenile Justice Residential Services

JJR 5: Family Connections and Involvement

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The youth, family, and organization work together to maintain an optimal level of family involvement during residential care, and develop positive connections to support youth after release.
Interpretation: *COA recognizes that involving families can be difficult, especially if youth are placed outside of their communities and far from their families. However, organizations should still strive to involve families to the extent possible, unless family contact is contraindicated. If family contact is contraindicated and the youth resides with someone other than a family member, it may be appropriate to involve that person instead.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for involving and serving youths' families	

Site Visit Evidence

*	• Resource and referral list

On-Site Activities

*	• Interviews may include:

1. Program director
2. Relevant personnel
3. Youth served and their families

- Review case records

JJR 5.01

Youth and their family members are informed of the organization’s policies and procedures regarding visits and phone calls, and encouraged to maintain regular contact.

JJR 5.02

Families are encouraged to participate in services for youth, to the extent possible and appropriate.
NA: The organization provides only detention services.

JJR 5.03

To strengthen the family’s ability to support and supervise youth, the organization helps family members:

a. meet any unmet service needs;
b. maintain and strengthen family relationships;
c. prevent, manage, and resolve family conflicts;
d. identify strengths that can help them meet future challenges; and
e. prepare for the youth’s return to the family, when appropriate.

NA: The organization provides only detention services.

Examples: *The organization may help the family by, for example, providing family counseling, or linking family members with needed resources. Although family members may receive services at the facility, it may also be appropriate to provide or arrange for the delivery of services in the family's community, especially when the family lives far from the facility. Some of this work may be done by an aftercare case manager, in the context of planning for reentry.*

JJR 5.04

The organization minimizes barriers to family involvement by:

a. including family members in scheduling decisions;
b. allowing participation through teleconferencing;
c. assisting with transportation, accommodations, and childcare, as needed and to the extent possible;
d. helping personnel develop and maintain positive relationships with family members; and
e. providing an environment conducive to family visits and activities.

Examples: *Personnel can develop positive relationships with family members and encourage their involvement by demonstrating:*

1. *sensitivity to the willingness of the family to be engaged;*
2. *respect for family members' autonomy and confidentiality;*
3. *flexibility;*
4. *persistence; and*
5. *a non-threatening manner.*

Juvenile Justice Residential Services

JJR 6: Service Culture

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The service culture and daily living experiences support personal growth, rehabilitation, and positive behavior.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures regarding visits, phone calls, and mail	
*	• Procedures for obtaining clearance to participate in athletic activities	

Site Visit Evidence

*	• Program rules and expectations • Daily schedules for the previous six months

On-Site Activities

*	• Interviews may include: 1. Program director

2. Relevant personnel
3. Youth served and their families

- Review case records
- Observe program site and operations

JJR 6.01

The organization maintains a therapeutic culture that encourages positive, respectful, and supportive interactions between:

a. youth and personnel; and
b. youth and their peers.

Examples: *The organization can establish an appropriate culture by, for example, ensuring personnel model pro-social behavior and attitudes in daily interactions, and encouraging youth to do the same. This approach can also help to prevent bullying and other unsafe, negative, or anti-social peer interactions.*

Note: *The training and activities addressed in JJR 11 will support the development of the positive, pro-social culture described in this standard.*

JJR 6.02

The organization maintains an accurate and readily-accessible schedule of services, and youth spend their days engaged in meaningful programming and activities.

JJR 6.03

Treatment, services, and activities are appropriate for and sensitive to youths' age, developmental level, language, disability, gender and gender identity, culture, race, ethnicity, religion, socioeconomic status, sexual orientation, and past experiences of trauma.

JJR 6.04

Youth have opportunities to participate in activities appropriate to their needs, skills, and interests, including:

a. sports and athletic activities;
b. cultural enrichment activities;
c. social activities; and
d. religious services.

JJR 6.05 (FP)

The organization evaluates youth for their ability to participate in athletic activities and obtains:

a. a medical records release; or
b. a signed document from a qualified medical professional stating that a youth is physically capable of participating.

JJR 6.06 (FP)

Youth have the right to:

a. receive visits;
b. make telephone calls; and
c. send and receive mail.

JJR 6.07 (FP)

The organization allows for privacy in visits, phone calls, and correspondence to the extent possible and appropriate, and youth are informed of any limits on privacy.

Interpretation: *Mail may be screened for contraband but should not be read for content without due cause, and all mail inspections should be done in the youth's presence. Correspondence with attorneys may be inspected for contraband but should not be read, and phone calls and meetings with attorneys should not be monitored.*

Juvenile Justice Residential Services

JJR 7: Health Services

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Youth receive health services and guidance that promote good health and well-being.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

- Procedures governing the provision of health services

Site Visit Evidence

*

- Menus for the previous six months
- Health education curricula and/or materials

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Youth served and their families
- Verify employment of qualified medical practitioner either directly or via contract

- Review case records

JJR 7.01 (FP)

A qualified medical practitioner conducts:

a. a health examination within seven days of admission; and
b. a dental screening within seven days of admission, and a dental examination within 60 days of admission.

Interpretation: *If the organization obtains a health record showing that the youth recently received a dental examination, it may not be necessary to conduct another examination within 60 days of admission. In those cases, the organization should ensure that the examination is conducted within six months of the date the last exam was completed (e.g., if the youth had an exam two months before admission, the next exam should occur within four months after admission). Dental screenings should still occur according to the timeframes referenced in the standard.*

Note: *Regarding element (b), the organization will receive a rating of 2 if it: (1) conducts screenings to identify any urgent dental needs, and ensures the follow-up services needed to address these needs are provided, (2) ensures youth have access to services if dental issues arise after the screening, and (3) ensures that all youth receive a dental examination within six months of admission, with appropriate follow-up thereafter.*

JJR 7.02 (FP)

Youth receive services needed to address any health-related issues identified during the assessment and have access to ongoing health care, including sick call, by a qualified medical practitioner.

JJR 7.03 (FP)

In case of emergency, a physician or other qualified medical practitioner assumes 24-hour on-call medical responsibility.
Interpretation: *It is permissible to use a local medical facility for emergency services, provided the organization has a written agreement with the facility.*

JJR 7.04

Health records include a written summary of the youth's known medical history, including immunizations, operations, illnesses, prior reactions to medications, and allergies, and copies are provided to youth or their legal guardians upon request.

JJR 7.05

To promote physical health and development of healthful habits, youth are provided with nutritious meals and snacks, and engaged in adequate exercise.

JJR 7.06

To promote their ability to maintain positive health practices, youth receive appropriate support and education regarding:

a. proper nutrition and exercise;
b. personal hygiene;
c. substance use and smoking;
d. sexual development;
e. safe and healthy relationships;
f. prevention and treatment of diseases, including sexually transmitted diseases;
g. HIV/AIDS prevention; and
h. pregnancy prevention and responsible parenting.

NA: The organization provides only detention services.

JJR 7.07 (FP)

Pregnant youth are provided or linked with specialized services that include, as appropriate:

a. pregnancy counseling;
b. prenatal health care;
c. genetic risk identification and counseling services;
d. fetal alcohol syndrome screening;
e. labor and delivery services;
f. postpartum care;
g. pediatric care, including well-baby visits and immunizations; and
h. children's health insurance programs.

NA: The organization does not serve pregnant youth.

JJR 7.08

Pregnant youth are educated about the following prenatal health topics:

a. fetal growth and development;
b. the importance of prenatal care;
c. nutrition and proper weight gain;
d. appropriate exercise;
e. medication use during pregnancy;
f. effects of tobacco and substance use on fetal development;
g. what to expect during labor and delivery; and
h. benefits of breastfeeding.

NA:

- The organization does not serve pregnant youth.
- The organization provides only detention services.

Interpretation: *These topics may be addressed by qualified medical personnel in the context of the prenatal health care referenced in JJR 7.07.*

Juvenile Justice Residential Services

JJR 8: Mental Health Services

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Youth with mental health conditions receive the appropriate level and intensity of treatment needed to address problems and promote rehabilitation.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures governing the provision of mental health services	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Youth served and their families
- Verify employment of qualified mental health professional either directly or via contract
- Review case records

JJR 8.01 (FP)

A mental health assessment is conducted within 14 days of admission, and youth with mental health conditions receive diagnoses based on standardized diagnostic tools.
NA: The organization provides only detention services.

Interpretation: *Some organizations may conduct systematic service need screenings to determine when youth are in need of more in-depth assessments. When this is the case these service need screenings should occur within 7-14 days, and further evaluation should be conducted if necessary.*

JJR 8.02

Interventions are appropriate to youths' needs, and based on evidence or clinical practice guidelines, where they exist.
NA: The organization provides only detention services.

JJR 8.03 (FP)

Treatment services are provided by qualified mental health professionals.
NA: The organization provides only detention services.

Interpretation: *If other personnel provide some aspects of service, they must be trained and supervised by qualified mental health professionals.*

JJR 8.04 (FP)

When youth receive medications for emotional or behavioral conditions, medication use is:

a. consistent with the youth's assessed needs and service plan;
b. authorized and managed by a board-eligible psychiatrist or another qualified health practitioner; and
c. monitored for efficacy and side effects.

Interpretation: *It is permissible under the standard to use a consulting psychiatrist or a community mental health center for psychiatric consultation, provided that the organization has a formal agreement.*

JJR 8.05 (FP)

In case of emergency, youth have access to mental health services 24 hours a day.
Interpretation: *It is permissible to use a local mental health facility for emergency services, provided the organization has a written agreement with the facility.*

JJR 8.06

When youth have experienced trauma, the organization provides specialized services and trauma-informed care.

JJR 8.07 (FP)

To promote the safety of youth at risk of suicide, personnel:

a. recognize when youth are thinking about suicide;
b. monitor suicidal youth at a frequency consistent with level of risk;
c. respond promptly and appropriately to youth who attempt suicide; and
d. continually supervise youth who attempt suicide until they are assessed by qualified medical and mental health personnel.

JJR 8.08

Youth diagnosed as having co-occurring mental health and substance use conditions receive integrated treatment either directly or through active involvement with a cooperating service provider.
NA: The organization provides only detention services.

Juvenile Justice Residential Services

JJR 9: Services for Substance Use Conditions

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Youth with substance use conditions receive treatment that meets their needs.
NA: The organization provides only detention services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures governing the provision of services for substance use conditions	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Youth served and their families

- Verify employment of qualified health professional either directly or via contract
- Review case records

JJR 9.01 (FP)

When a youth's assessment indicates the presence of a substance use condition, the organization determines and arranges for an appropriate level and intensity of care and treatment.
Note: *As referenced in JJR 8.08, youth diagnosed as having co-occurring mental health and substance use conditions should receive integrated treatment either directly or through active involvement with a cooperating service provider.*

JJR 9.02

Interventions are based on evidence or clinical practice guidelines, where they exist, and are appropriate for youth.

JJR 9.03

Youth are helped to:

a. identify situations that prompt substance use; and
b. develop healthier ways of responding to those situations.

JJR 9.04 (FP)

Medical needs are addressed directly or through an established referral arrangement.
Examples: *Needed medical services may include: medical detoxification, medication monitoring and management, physical examinations or other physical health services, laboratory testing and toxicology services, and other diagnostic procedures.*

JJR 9.05 (FP)

A licensed physician, or another qualified health professional, with experience, training, and competence in engaging, diagnosing, and treating alcohol and other drug problems, is responsible for the medical aspects of substance use or dependency treatment, including:

a. making decisions about the appropriate level and intensity of care and treatment;
b. prescribing and/or supervising medication, including appropriate monitoring and administration of pharmacotherapy for youth with co-occurring conditions; and
c. providing or reviewing diagnostic, toxicological, and other health related examinations.

JJR 9.06

Youth are engaged in treatment for a sufficient length of time to attain recovery and promote positive behavioral change.

Juvenile Justice Residential Services

JJR 10: Education Services

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The organization provides or arranges for youth to receive education services and supports that help them catch up in school and advance to the highest possible level of academic achievement.
Interpretation: *Organizations that do not provide educational services on-site should coordinate with other providers to meet the educational needs of youth. When organizations do not directly provide or arrange education services, case records should indicate that education plans are integrated into service plans and document advocacy for areas of unmet educational need.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for developing and/or integrating education plans	
*	• Procedures for coordinating education services with other providers, if applicable	

Site Visit Evidence

*	• Proof of certification, accreditation, or registration, as applicable	

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records

JJR 10.01

Youth are enrolled in an appropriate education program either on- or off-site that is approved, certified, accredited, registered, or operated by or in conjunction with the local school district.

JJR 10.02

A comprehensive, coordinated education plan is developed for each youth, and integrated into the service plan.
Interpretation: *If the organization does not participate in the development of the education plan it is still responsible for integrating the education plan into the service plan.*

When youth are eligible for special education services, individualized education programs (IEPs) should be developed to address youths' needs.

JJR 10.03

The educational program incorporates effective instructional practices, quality curriculum design, and educational tools and supports for diverse learning needs.

JJR 10.04

The organization provides or arranges, as needed:

a. tutoring;
b. preparation for a high school equivalency diploma;
c. college preparation;
d. parent-teacher meetings; and
e. advocacy and support.

Juvenile Justice Residential Services

JJR 11: Development of Social and Independent Living Skills

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Youth are engaged in programming and activities that help them acquire and strengthen the social and independent living skills needed to become responsible, connected, and law-abiding members of their communities.
NA: The organization provides only detention services.

Examples: *Cognitive behavioral interventions and interpersonal skills training, along with opportunities to use skills in productive and valued activities, are examples of promising ways to address youths' risks and needs and help them develop the competencies they need to succeed.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Table of contents of program curricula	

Site Visit Evidence

*	• Program curricula • Daily schedules for previous six months

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records
- Observe program operations

JJR 11.01

Youth are helped to understand the impact of past actions, and develop the social-emotional skills needed to:

a. solve problems, resolve conflicts, and make responsible decisions;
b. control impulses and manage anger; and
c. interact appropriately with others.

JJR 11.02

Youth have opportunities to practice and demonstrate their social-emotional skills:

a. in daily interactions at the program; and
b. outside the facility, when possible and appropriate.

Examples: *Opportunities to practice and demonstrate skills outside the facility may include, but are not limited to, community service projects, vocational placements, and visits to the family or home community.*

JJR 11.03

Youth are helped to develop age-appropriate life skills that will support positive functioning at home and in the community after residential care.
Examples: *Relevant skills may include, but are not limited to: identifying networks of support; time management; accessing and using community resources; pursuing educational and occupational opportunities; household management; budgeting and money management; and accessing available financial assistance.*

JJR 11.04

Pregnant and parenting youth are helped to develop skills and knowledge related to:

a. basic caregiving routines;
b. child growth and development;
c. meeting children's health and emotional needs;
d. environmental safety and injury prevention;
e. parent-child interactions and bonding;
f. age-appropriate behavioral expectations and appropriate discipline; and
g. family planning.

NA: The organization does not serve pregnant or parenting youth.

Juvenile Justice Residential Services

JJR 12: Workforce Development Services

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Youth are helped to develop the knowledge, skills, and attitudes needed to find and keep jobs, and achieve long-term economic self-sufficiency.

NA:

- The organization serves only younger youth for whom workforce development services are not appropriate.
- The organization provides only detention services.

Interpretation: *When the organization serves youth of different ages, it may not be appropriate to engage younger youth in workforce development services.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Table of contents of program curricula	
*	• Policy that prohibits exploitation of youth in employment-related training or jobs	
*	• Procedures regarding work furloughs	

Site Visit Evidence

*

- Program curricula

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records

JJR 12.01

Youth are helped to improve skills related to the job search, including resume writing, completing job applications, and preparing for interviews.

JJR 12.02

To promote job retention and advancement, workforce readiness training addresses:

a. making decisions in the workplace;
b. working on a team;
c. communicating effectively with others;
d. working with diverse groups of people;
e. using computers; and
f. managing finances.

JJR 12.03

Youth are engaged in occupational training programs and opportunities that are:

a. relevant to jobs existing in the areas where youth will reside after leaving residential care; and
b. appropriate to youths' employment-related histories, skills, and interests, to the extent possible and appropriate.

JJR 12.04

The organization is knowledgeable about labor market conditions and courses are modified, as necessary, to ensure that training programs meet the needs of potential employers and are appropriate to the skill level of youth.

JJR 12.05

When youth have opportunities to participate in work furloughs, the organization follows up with both employers and youth to assess the appropriateness of placements and address any emerging issues.
NA: Youth do not participate in work furloughs.

JJR 12.06

Policy prohibits exploitation of youth in employment-related training or gainful employment.

Juvenile Justice Residential Services

JJR 13: Living and Service Environment

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Youth reside and receive services in safe, appropriate settings that meet their basic needs.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families
- Observe program site

JJR 13.01 (FP)

The organization meets youths' basic needs by providing:

a. rooms that are large enough to allow for comfortable movement during in-room activities;
b. appropriate sleeping accommodations, including a clean, covered mattress, a pillow, and sufficient clean linens and blankets;
c. sufficient access to facilities and supplies for toileting, bathing, and personal hygiene; and
d. clean and appropriate clothing.

JJR 13.02

Sufficient and appropriate space, materials, and furnishings are available for:

a. dining;
b. exercise;
c. on-site services, including treatment, education, and other programming;
d. recreation and leisure;
e. visits with family members;
f. meetings with attorneys;
g. administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage, including storage of personal items youth are not permitted to keep in their living space; and
h. meeting the needs of on-duty personnel, including private sleeping accommodations for personnel who sleep at the facility, if applicable.

JJR 13.03

The living and service environments are:

a. homelike and non-institutional, to the extent possible and appropriate; and
b. sensitive to and supportive of youth regardless of their age, developmental level, language, disability, gender and gender identity, culture, race, ethnicity, religion, socioeconomic status, and sexual orientation.

Examples: *Organizations may strive to make the environment homelike and non-institutional by, for example, allowing youth to personalize their sleeping areas and contribute to decisions about how to make living areas comfortable and reflective of youths' interests and diversity.*

JJR 13.04

The organization allows for privacy in bathrooms and sleeping areas, to the extent possible and appropriate.

Juvenile Justice Residential Services

JJR 14: Maintaining Safety and Security

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The organization maintains a safe, secure environment where youth, personnel, and the public are protected from harm.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for making housing assignments	
*	• Procedures for conducting searches	
*	• Youth/personnel supervision ratios	
*	• Policy regarding weapons	
*	• Procedures for preventing and responding to missing and runaway youth	

*	• Procedures for documenting, reviewing, and reporting noncompliance	
*	• Procedures for maintaining safety while youth are off-site and/or interacting with the public	
*	• Procedures for ensuring safety and meeting needs when youth are locked in their rooms	

Site Visit Evidence

*	• Documentation of youth/personnel supervision ratios for the previous six months • Personnel coverage schedules for the previous six months

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Youth served and their families • Review case records • Observe program site

JJR 14.01 (FP)

To promote safety within the facility, the organization considers youths' age, size, gender and gender identity, vulnerability to victimization, offense history, and ability to adjust to a group when making housing assignments.

JJR 14.02 (FP)

When it is necessary to search youth, their rooms, or their property, trained personnel do so according to procedures that:

a. define when there is reasonable cause to conduct a search;
b. minimize the invasiveness of the search;
c. respect youths' dignity; and
d. establish a process and timetable for administrative review.

Interpretation: *Organizations should conduct more invasive searches only when there is reason to do so, and should demonstrate that these searches are: (1) conducted by qualified staff, and (2) accompanied by an increased level of administrative review.*

JJR 14.03 (FP)

The organization provides sufficient supervision to ensure the safety of youth, personnel, and the public at all times and:

a. personnel-to-youth supervision ratios are based on youths' risks and needs, and generally do not exceed 1:8 during the day, and 1:16 at night;
b. at least two staff members are on-duty at all times;
c. same-gender personnel are available to provide supervision and services, as needed;
d. on-duty personnel are awake at all times;
e. additional personnel are available in case of emergency; and
f. supervision ratios are adjusted accordingly when youth participate in activities away from the program site or interact with the public.

Examples: *When youth participate in activities away from the program site or interact with the public, it may be advisable to have higher ratios of personnel to youth than are necessary for daily activities at the program site.*

JJR 14.04 (FP)

Organization policy prohibits personnel, youth, and visitors from bringing weapons into the facility.

Interpretation: *If organizational policy allows armed law enforcement officers to enter the organization's facilities, the organization should explain: (1) under what circumstances this practice is permitted, and (2) how safety is ensured while the armed officers are on site.*

JJR 14.05 (FP)

When youth have opportunities to leave the facility or interact with the public, the organization maintains safety by:

a. defining when youth are eligible for the opportunity; and
b. evaluating youth for eligibility and appropriateness.

NA: Youth do not have opportunities to leave the facility or interact with the public.

Examples: *Opportunities may include, but are not limited to: home visits, community service projects, work furloughs, meetings with mentors, and trial visits to community programs.*

JJR 14.06

The organization establishes procedures for preventing and responding to missing and runaway youth that address:

a. creating an environment that provides a sense of safety, support, and community;
b. identifying risks or triggers that may indicate likeliness to run away from programs;
c. communication and reporting to relevant staff, authorities, and parents or legal guardians; and
d. welcoming, screening, and debriefing when youth return to the program.

JJR 14.07

The organization appropriately and consistently documents, reviews, and reports incidents of youth noncompliance in accordance with any requirements specified by the court or public agency with jurisdiction over youth.

JJR 14.08 (FP)

Organizations that lock youth in their rooms for routine purposes:

a. utilize this practice to maintain safety, order, and security, rather than for purposes of discipline, compliance, or convenience, or to compensate for staff shortages;
b. do not lock youth in their rooms for excessively long time periods;
c. ensure that using this practice does not detract from the organization's ability to create a culture that promotes respect, healing, and positive behavior; and
d. ensure that using this practice does not prevent youth from spending most of their waking hours engaged in meaningful and developmentally-appropriate activities.

NA: The organization does not lock youth in their rooms for routine purposes (e.g., during sleep periods).

Interpretation: *Some organizations lock youth in their rooms for routine purposes to maintain safety, security, and order (e.g., during sleep, or for other defined, short periods of time). Although this practice does restrict freedom of movement, it differs from the types of restrictive interventions addressed in the Behavior Support and Management Standards (BSM) insofar as it is utilized on a routine, ongoing basis, rather than in response to a specific incident that poses an imminent threat to the safety of the youth or others.*

JJR 14.09 (FP)

To ensure youth safety in both emergency and non-emergency situations, organizations that lock youth in their rooms for routine purposes:

a. monitor youth at least every 15 minutes while they are locked in their rooms, and monitor youth continually while they are locked in their rooms if they are at risk for suicide or self-harm;
b. ensure that rooms are free from safety risks and hazards;
c. provide access to food, water, and bathroom facilities, as needed;
d. establish safety protocols and procedures that include plans for the immediate release of youth from locked areas in case of emergency; and
e. train personnel and youth on emergency evacuation procedures.

NA: The organization does not lock youth in their rooms for routine purposes (e.g., during sleep periods).

Interpretation: *If the organization uses a video camera to monitor youth, it should demonstrate that personnel are able to respond immediately if necessary. When youth are at risk for suicide or self-harm, video cameras should never take the place of continuous face-to-face monitoring.*

Note: *As referenced in RPM 1, the organization should conform to all applicable safety codes, including fire codes.*

Juvenile Justice Residential Services

JJR 15: Planning for Reentry and Aftercare

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

The organization and youth work together to plan for transition and prepare for life after residential care.
NA: The organization provides only detention services.

Interpretation: *If another party (e.g., an aftercare case manager) is responsible for providing aftercare, they may play a role in implementing the practices addressed in this section. However, the organization is still expected to partner with that party to facilitate effective reentry planning, and ensure that the standards are implemented.*

Note: *Although "Planning for Reentry and Aftercare" is a specific core concept standard, it is important to note that reentry preparation is not actually an entirely separate practice. In contrast, the services provided throughout residential care should be designed to help youth avoid reoffending behavior and become productive members of society.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Reentry planning procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families

- Review case records

JJR 15.01

To ensure an orderly transition from residential care:

a. reentry planning begins soon after youth arrive at the facility; and
b. youth, their family members, and relevant personnel are involved in developing plans for transition and aftercare.

Interpretation: *If another organization or party (e.g., an aftercare case manager) is primarily responsible for providing aftercare, they should be involved in the planning process as soon as possible.*

JJR 15.02

Aftercare plans are linked to service plans and specify how to address risks, needs, and strengths in areas relevant to reentry, including, as appropriate:

a. living arrangements;
b. family relationships;
c. peer groups and support networks;
d. recreational activities;
e. health;
f. mental health;
g. substance use conditions;
h. finding and enrolling in appropriate education services, such as high school or GED programs, vocational training programs, special education services, and colleges or universities; and
i. obtaining legitimate employment.

Interpretation: *Living arrangements following residential care may vary based on a youth's age, developmental level, and family situation. Although youth will often return to their families, the organization should have a system in place to ensure this is safe and appropriate. To facilitate a more gradual transition, some organizations may transfer youth to less-restrictive residential facilities, such as group homes, before they transition to longer-term living arrangements.*

JJR 15.03

The organization works with resources, services, and supports specified in the aftercare plan to:

a. ensure that youth are admitted to appropriate programs before release from residential care;
b. prepare service providers and others in the community for youths' arrival; and
c. build positive connections to support youth after release.

JJR 15.04

The organization provides youth with advance notice of the cessation of any health, financial, or other benefits that may occur at release, and:

a. helps youth sign up for alternative health insurance or other appropriate benefits, when available; or
b. provides information about other options that can help meet youths' needs, such as free clinics.

JJR 15.05

Youth are helped to obtain or compile any documents they may need after release, including, as appropriate to youths' ages and needs:

a. an identification card;
b. a social security or social insurance number;
c. a resume;
d. a driver's license, when the ability to drive is an appropriate goal;
e. medical records and documentation;
f. a birth certificate;

g. documentation of immigration, citizenship, or naturalization, if applicable;
h. death certificates when parents are deceased;
i. a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties; and
j. educational records.

Juvenile Justice Residential Services

JJR 16: Case Closing and Aftercare

Purpose

Juvenile Justice Residential Services promote public safety by providing youth with a supportive, structured setting that helps them address their needs and develop the attitudes and skills needed to make responsible choices, avoid negative behaviors, and become productive, connected, and law-abiding citizens.

Case closing is an orderly process, and aftercare is provided to monitor youth and help them solidify gains made during residential care.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Follow-up procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*
- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Youth served and their families
- Review case records

JJR 16.01

A written summary of the case record is provided to the court and the public agency with jurisdiction over the youth, and includes an assessment of:

a. any unmet needs;
b. the degree to which goals were or were not achieved; and
c. reasons for success or failure.

JJR 16.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

JJR 16.03

As a continuing resource for information, crisis management, and support, the organization provides each youth with contact information for the organization or the aftercare provider, as appropriate.

NA: The organization provides only detention services.

JJR 16.04

Youth are helped to transition to services specified in the aftercare plan, and follow-up occurs at specified intervals after release to:

a. supervise youth;
b. ensure that youth access needed services and supports; and
c. monitor youths' progress and well-being.

NA: The organization provides only detention services.

Interpretation: *When another party (e.g., an aftercare case manager) is responsible for providing transition assistance and follow-up, the organization may implement this standard by documenting that is the case in the case record.*

Note: *COA recognizes that this one practice standard does not reflect the complexity of what should occur upon reentry, and the importance of aftercare should not be minimized. However, because follow-up services are typically provided by a separate organization or agency, aftercare is not addressed more comprehensively in this service section.*